



**Maine Department of Education**  
**GED**  
**Information Request Form**



**Section 1: Please Print All Information**

Name: Last:		First:	MI
Date of Birth:		Social Security Number:	
Current Address:			
City / State / Zip Code:			
Daytime Telephone Number:			
Place of Testing (if available):		Certificate Number (if available)	

**Section 2: Item(s) Being Requested (indicate with a check mark ☒)**

<input type="checkbox"/>	Transcript (free)	<input type="checkbox"/>	Duplicate/Replacement Diploma (note that there is a \$3.00 charge for a copy of a diploma)
<input type="checkbox"/>	Diploma Verification	<input type="checkbox"/>	Other (Please Specify):

**Section 3: Name(s) and Address(es) to which GED information is to be sent**

Please print clearly (no abbreviations). The US Post Office will not deliver without a complete address.

Address #1	Address #2
Telephone:	Telephone:

**Section 4: Authorization**

I authorize the Maine Department of Education to release the requested GED document(s) and/or information to the person(s) or organization(s) whose name(s) and address(es) are listed above.

Signature of Person Named in Section 1*: Sign: X	Date:
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**Mail Completed Form to:**  
GED Office  
Maine Department of Education  
23 State House Station  
Augusta, ME 04333  
Telephone - (207) 624-6752  
Fax - (207) 624-6731

\* Note: If the person named in Section 1 is under the age of 18, this form must be signed by a parent or guardian.

\*\* Requests for a duplicate diploma must be accompanied with a \$3.00 check or money order made out to the "Treasure - State of Maine".